Program/Department Introductory Statements	Program/Department Description	Who is eligible for the services provided?	When should services be provided?	What are the services and benefits of the program/department?	Who pays for the program/services
DVANCE CARE PLAN	NING				
Conversation starter: Have you heard about advance are planning at Gundersen?" Advance care planning is thinking and talking about future healthcare fan accident or illness left you inable to speak for yourself and you needed someone to make healthcare decisions for you. I think his type of planning is important for all of my patients. Many people and this planning easier with help yom one of our facilitators." For more information about Sundersen's Advance Care Planning (ACP) program, or to chedule an appointment at a Sundersen location near you, blease call (608) 775-6000.	 Facilitators are trained to help patients: Think and talk about goals and values Reflect on health care decisions they may need to make in the future Select a surrogate medical decision-maker Complete an advance directive form and ensure it clearly represents goals, values and preferences 	All adults age 18 and above are eligible for advance care planning.	 ACP is an ongoing process that should be revisited over time as goals and values evolve and health situations change. We individualize the conversation to a person's stage of illness with the following services: First Steps: For all adults; encourage as part of routine care Next Steps: For individuals with advancing chronic illness or those who you anticipate will have a serious complication in the next 2 years. Conversation is disease-specific and intended to assess the patients' understanding of disease progression (and related treatment options) and to identify goals of care in bad-outcome situations. Advanced Steps/POST: For individuals near the end of life; converts patient preferences into medical orders using the Provider Orders for Scope of Treatment (POST) that are followed across care settings. 	Advance care planning services are person- centered and support the partnership between providers, individuals and their families in making healthcare decisions and participating in care. • Increased likelihood that clinicians and families understand and comply with patient wishes • Reduction in hospitalization at the end of life • Increased utilization of hospice services • Increased likelihood that a patient will die in their preferred place • High patient and family satisfaction with hospital experience • Decreased family decisional conflict, stress, anxiety and depression	ACP service is provided at no cost to patients.



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PALLIATIVE CARE (ADU	JLT)			
<text><text><text></text></text></text>	 Palliative care is specialized care for patients and families who are facing a progressive disease. The goal of palliative care is to ease the physical, emotional and spiritual suffering of people diagnosed with a serious illness. Palliative care's focus is on minimizing pain and symptoms to help the patient carry on with their daily life. The palliative team serves as an advocate by listening to the patient's questions and concerns and providing support. 	 Palliative care is appropriate for any patient with symptoms of a progressive disease. Palliative care can be provided together with curative treatment. 	 Palliative care services should be provided when: The patient has a desire for an improved quality of life. The patient is experiencing trouble coping with the stresses of a serious illness. You would not be surprised if the patient died within the next two years 	Our specially tra physician assista nurses work dire primary care pro- team members are met. Service include: • Symptom ma medication a approaches f –Pain and lo –Fatigue –Shortness o –Gastrointes nausea, he loss of app –Sleeplessno –Anxiety and • Help with un their illness • Assistance in quality of life • Spiritual sup • Nutrition cor • Advance care • Community f including ho into a skilled needed in th • Assistance w treatment of focused appre

e services and benefits of ogram/department?

Who pays for the program/services?

rained palliative physicians, stants and advanced practice irectly with the patient's provider and other healthcare s to ensure the patient's needs ces provided by palliative care

nanagement through and other complementary s for:

- loss of mobility
- s of breath
- estinal problems such as
- eartburn, constipation and petite
- ness
- nd depression
- inderstanding and coping with
- in goal setting to improve
- pport to the patient and family onsultation
- re planning
- y resources coordination
- ome care or transitioning
- d nursing facility or hospice if he future
- with transition from active of disease to a more comfort-
- proach as treatment becomes
- ve and more burdensome

Palliative care is covered by:

- Medicare
- Medical Assistance
- Most private insurers
- There are also private-pay options

GUNDERSEN HEALTH SYSTEM®

Program/Department Introductory Statements	Program/Department Description	Who is eligible for the services provided?	When should services be provided?	What are the the prog
CARE COORDINATION				1
Conversation Starter: "Healthcare can seem difficult and confusing when patient's needs are complex. The Care Coordination team helps patients and families navigate through the healthcare system." For more information about Gundersen's Care Coordination department contact (608) 775-3405.	 Care Coordination is a team of nurses and social workers that partner with the patient and family. They are an advocate that coordinate services with you and other Gundersen departments, as well as agencies within you community. 	 The Care Coordination Program works with patients of all ages. The patient who has one or more of the following criteria: Multiple medical diseases and/ or complex issues Multiple providers Medication management Multiple ES/Urgent Care visits/ hospital admissions Cognitive deficits Financial limitations 	Care coordination services should be provided when a patient and their family are having difficulty managing complex health care within the system.	Care Coordinati • Help patients and needs to • Work with the meet the patients • Assist in coordination between print providers at the • Assist in coordination • Facilitate accordination • Facordination • Facord
SPIRITUAL CARE				
Conversation Starter: "Research has shown a link between spirituality and being able to cope with health issues. Healthy balance among body, mind and spirit is a key aspect of wellness."	 The Spiritual Care team of professional chaplains are clinically trained to work with patients, family and staff in the medical setting. They can provide support, comfort and reassurance when faced with any health issues. 	All patients, families and visitors on the La Crosse Campus are eligible for services.	Spiritual care services should be provided when patients and families are having trouble coping, or when requested.	The spiritual can • Support for s such as: –Wondering –Fear of fact –Strong em life changes –Changes in patient's ill –Feeling fea • Spiritual con family and ch spiritual and resources an • Education ar advance dire

e services and benefits of Who pays for the ogram/department? program/services? Care Coordination is tion: ts communicate their goals provided at no cost to their healthcare team to patients. he patient's healthcare team to atient's healthcare needs ordinating the patient's care rimary and specialty healthcare t Gundersen Health System ordinating the patient's care in I, clinic and community nts and families understand ealth problems, treatments and options ccess to services and programs en Health Systems and in the are department can provide: Spiritual Care is provided at no cost r spiritual stress and distress, to patients. ng why this is happening

- cing health problems
- notion resulting from forced ges.
- in values and beliefs during the illness
- ear or hopelessness
- onnection-assist patients,
- clinicians in strengthening d/or religious relationships, nd rituals.
- and help to complete an rective

GUNDERSEN HEALTH SYSTEM®

Program/Department Introductory Statements	Program/Department Description	Who is eligible for the services provided?	When should services be provided?	What are the the proc
HOSPICE				
Conversation Starter: "When you have an illness that cannot be cured, it is important to consider what care you want or do not want. Hospice is an option. The best time to learn about hospice is before you need it! Entering the hospice program sooner, rather than later, will offer you and your family more support and services, with a focus on quality of life." "We hope for the best but should be prepared in case things do not go as hoped. " For more information call: -In Wisconsin and Minnesota (608) 775-8435 -In Iowa, Gundersen Palmer Lutheran, (563) 422-6267 -Or place a referral hospice order for the appropriate site	 Hospice is specialized care for patients facing a life-limiting illness and those who care for them. Hospice focuses on living every moment to the fullest. Hospice provides physical, emotional, spiritual and social support. Care is provided in the setting in which the patient calls home. This can include skilled nursing and assisted living facilities. Hospice is about offering choices, listening to needs and doing all that can be done to allow the patient to stay in control. 	 Patients who: Have a life-limiting condition Are seeking symptomatic treatment only, with a focus on comfort Have an estimated life expectancy of six months or less Have a decline in functionality Have other disease specific indications Although some treatments may help relieve symptoms, in order to maintain high level services to all patients, other cost- effective symptom management and comfort options will be offered. Treatments not within the Gundersen Health System admission criteria include: Chemotherapy/Radiation Skilled nursing in a nursing home if receiving rehabilitation Dialysis (if related to the terminal illness) Ventilator assistance Certain medications not in the realm of comfort care NOTE: Never assume eligibility or ineligibility based on guidelines alone. If you have questions, contact the hospice department. 	 When a patient: Has an estimated life expectancy of 6 months or less, as determined by the patient's physician and the hospice medical director Experiences increased difficulty getting to and from appointments Desires to remain out of the hospital Has family that has the need for caregiver training and assistance to care for them at home Is wanting to discontinue treatment that may feel more like a burden than a benefit Has concerns regarding medications and symptoms Desires an improved quality of life 	The hospice teal social workers, c volunteers provi • Care planning a • Symptom and • Skin care, dress • Personal cares, grooming • Medication ma • Caregiver train • 24 hour availab discuss concern • Spiritual suppor caring for him/ individual's clea • Durable Medica wheelchair, cor • Medical supplie • Short-term cou • Nutrition consu • Resource coord community • Respite care for break from the care • Trained volunter run errands, pro with memory m • Advance care a • Physical, occup therapists are a as needed • Help with copin

e services and benefits of Who pays for the ogram/department? program/services? am of physicians, nurses, Hospice care is chaplains, health aids and covered by: Medicare hospice vide: and coordination benefit d pain management • Most private ssing changes, etc. insurance plans s, to include bathing and • Managed care (HMOs) nanagement and education Medicaid hospice benefit (Wisconsin ning and support ability to answer questions, and Minnesota) erns and assist as needed Iowa Medicaid MCO port to the patient and those (preauthorization n/her, working with the required) lergy or spiritual counselor ical equipment (walker, ommode, hospital bed, etc.) lies (bandages, catheters, etc.) ounseling sultation rdination within the or caregivers who need a e demands of providing daily iteers who may be able to help provide companionship or help making and end of life planning

- upational and speech
- also available for consultation

bing and grief

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